

## NOTICE OF CORRECTIONS OFFICER HIRE

	<u>This form must be submitted to the CJIC immediately upon hire or appointment.</u> It must be signed by the hiring authority or designee of the corrections agency.				
Section 1: Corrections Officer's Information  • Provide FULL legal name as reflected on state issued driver's license.					
Agency (Do not abbreviate)	Hire Date (MM/DD/YYYY):				
FULL Name (First Middle Last)	1		Gender Identity:  Male Female		
Date of Birth (MM/DD/YYYY):	SSN:	Most Previous Corrections Employment: Agency:			
Corrections Officer's Agency Assigned Email Address:		Location (City, State): Employment Dates (MM/YYYY - MM/YYY):			
WSP SID (not ORI) or DATE FINGERPRINTS SUBMITTED:		Status:  Officer Other:	☐ Deputy	Reserve	
<ul> <li>RCW 43.101.096 sets the conditions of Corrections officer certification and Chapter 139-07 WAC sets the conditions of employment for Corrections officers. It is expected the agency review those Statutes and Rules prior to signing this form.</li> <li>Per WAC 139-07-020, this agency completed its own background investigation to include the submission of fingerprints for this applicant on:</li> <li>Per WAC 139-07-030, this agency administered a psychological examination for this applicant on:</li> <li>Per WAC 139-07-040, this agency completed its own polygraph test for this applicant on:</li> <li>Corrections Officers Academy, training must occur within 6 months of hire date. Please refer to WAC 139-10-210 for admission requirements.</li> </ul>					
<ul> <li>Basic Corrections Equivalency Academy, applicants must attend the first available course offered after hire date. Please refer to WAC 139-10-215 for admission requirements.</li> </ul>					
Section 3: This section must be signed by the hiring authority, or designee.					
I understand that this is an application for certification or training to the Commission. See <a href="RCW 43.101.106(2">RCW 43.101.106(2"&gt;RCW 43.101.106(2"&gt;RCW 43.101.106(2"&gt;RCW 43.101.106(2"&gt;RCW 43.101.095</a> and Chapter 139-07 WAC and above named individual has met these requirements and is a duly authorized employee of this agency.  I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.  Signed this day of, 20, in, Washington.					
Hiring Authority/Designee's Signature					
Hiring Authority/Designee's Print	Hiring A	uthority/Designee's Ro	ınk/Title:		

Revised: 12/17/2020